

State of Louisiana
Department of Revenue



Claim for Refund of Taxes Paid

To be filed with the Secretary of Revenue, Baton Rouge, Louisiana

Make separate claim for each overpayment of tax and for each period.

Louisiana Account Number _____

Type of tax _____

Period _____

Name of taxpayer _____
If taxpayer is corporation, enter corporation name.

Represented by _____
Give name and title.

Address _____

City, State, ZIP _____

Telephone () _____

Total amount paid for period \$ _____

Amount claimed to be due \$ _____

Amount now requested to be refunded \$ _____

This refund is claimed for the following reasons:

Attach additional sheets, if necessary.

Taxpayer signature

Date